

VOLUNTARY RELEASE FOR ADOPTION OF A SURRENDERED NEWBORN BY PARENT
Michigan Family Independence Agency

In the matter of _____, a newborn child.

1. I, _____, DOB _____ am the ☐ mother ☐ father
of the above child, who was born on _____ at _____
(place)
2. I understand that I have parental rights to this child and that by signing this release, I voluntarily release
all of my parental rights to my child. (Subject to number three below.)
3. I understand that I have 28 days after surrendering my newborn child to petition the court to reclaim
custody of my child.
4. Understanding the above provisions, I release completely and permanently my parental rights to my
child, and release my child to a child placing agency for the purpose of adoption.

Date _____ Parent Signature _____

Address _____

City _____ State _____ Zip _____

Witnessed by _____
Name (type or print)

on _____, at _____
Date Agency and Address

Signature

IF A NOTARY IS AVAILABLE: Notary Public

Subscribed and sworn to before me on _____,
Date County and State

My commission expires: _____ Signature: _____
Date

Name (type or print)

AUTHORITY: State P.A. 232 of 2000
RESPONSE: Voluntary
PENALTY: None

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.